



## 2011 FLORENCE HAMMERHEADS SWIM/DIVE TEAM REGISTRATION FORM

1<sup>st</sup> Child: \_\_\_\_\_ M (or) F: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Shirt Size: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_ M (or) F: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Shirt Size: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_ M (or) F: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Shirt Size: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (859) \_\_\_\_\_ (CELL#) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEE: \_\_\_\_\_ \$50/CHILD \_\_\_\_\_ \$45 for 2<sup>nd</sup> CHILD in same Family \_\_\_\_\_ \$40 for 3<sup>rd</sup> CHILD in same Family

I as parent or guardian of the minors listed above agree to let my child(ren) participate in the City of Florence's Swim & Dive Team program at their own risk and recognize there are risks involved including physical injuries and I will pay for all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims demands, actions or causes of actions resulting from physical injuries out of their participation. I have read and understand the nature of this waiver.

Parent/  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY Payment: Amt. \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Date \_\_\_\_\_

Credit Card: MC \_\_\_\_\_ VISA \_\_\_\_\_ AE \_\_\_\_\_ DISC \_\_\_\_\_ Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_